



PTO/SB/21 (05-03)

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/690,289
Filing Date	October 16, 2000
First Named Inventor	Larry McAllister
Art Unit	3713
Examiner Name	Aaron L. Enatsky

Total Number of Pages in This Submission

Attorney Docket Number

10407/459

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ Remarks	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> Return Receipt Postcard
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Firm or Individual name	Brooke W. Quist
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FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 1004

Complete if Known

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METHOD OF PAYMENT (check all that apply)					FEE CALCULATION (continued)																																																																																																																																																																																																																																																											
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SUBMITTED BY						Complete (if applicable)	
Name (Print/Type)	Brooke W. Quist	Registration No. Attorney/Agent)	45,030	Telephone	310-712-8300		
Signature	<i>Brooke W. Quist</i>			Date	10/21/03		

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